

National Study of Jail Suicide: 20 Years Later

By Lindsay M. Hayes

Suicide continues to be a leading cause of death in jails across the country and the rate of suicide in county jails is estimated to be several times greater than that of the general population. In September, 2006, the National Center on Institutions and Alternatives (NCIA) entered into a cooperative agreement with the U.S. Justice Department's National Institute of Corrections to conduct a national study on jail suicides that would determine the extent and distribution of inmate suicides in local jails (i.e., city, county, and police department facilities), as well as gather descriptive data on demographic characteristics of each victim, characteristics of the incident, and characteristics of the jail facility which sustained the suicide. The study, a follow-up to a similar national survey conducted by NCIA 20 years earlier in 1986, would result in a report of the findings to be utilized as a resource tool for both jail personnel in expanding their knowledge base, and correctional (as well as mental health and medical) administrators in creating and/or revising policies and training curricula on suicide prevention.

Released in May 2010, the study resulted in the identification of 696 jail suicides during the 2005 and 2006, with 612 deaths occurring in detention facilities (housing individuals for more than 72 hours) and 84 in holding facilities (housing individuals for less than 72 hours). A summary of the findings are shown below. ***Significant findings are in bold and italics.***

Suicide Victims:

- 67% were white.
- 93% were male.
- The average age was 35.
- 42% were single.
- 43% were held on a personal and/or violent charge.
- 47% had a history of substance abuse.
- 28% had a history of medical problems.
- ***38% had a history of mental illness.***
- 20% had a history of taking psychotropic medication.
- ***34% had a history of suicidal behavior.***

Characteristics of Suicides:

- ***Deaths were evenly distributed throughout the year; certain seasons and/or holidays did not account for more suicides.***
- 32% occurred between 3:00pm and 9:00pm.

- **24% occurred within the first 24 hours, 27% between 2 and 14 days, and 20% between 1 and 4 months.**
- 20% of the victims were intoxicated at the time of death.
- **93% of the victims used hanging as the method.**
- 66% of the victims used bedding as the instrument.
- 30% of the victims used a bed or bunk as the anchoring device.
- 31% of the victims were found dead more than 1 hour after the last observation.
- **CPR was not administered in 37% of incidents.**
- 38% of the victims were held in isolation.
- 8% of the victims were on suicide watch at the time of death.
- No-harm contracts were used in 13% of cases.
- **35% of deaths occurred close to the date of a court hearing, with 69% occurring in less than 2 days.**
- **22% occurred close to the date of a telephone call or visit, with 67% occurring in less than 1 day.**

Characteristics of the Jail Facilities:

- 84% percent were administered by county, 13% by municipal, 2% by private, and less than 2% by state or regional agencies.
- 77% provided intake screening to identify suicide risk, but only 27% verified the victim's suicide risk during prior confinement, and only 31% verified whether the arresting officer believed the victim was a suicide risk.
- 62% provided suicide prevention training, but 63% either did not provide training or did not provide it on an annual basis.
- 93% provided a protocol for suicide watch, but less than 2% had the option for constant observation; most (87%) used 15-minute observation periods.
- 32% maintained safe housing for suicidal inmates.
- 35% maintained a mortality review process.
- **85% maintained a written suicide prevention policy, but as shown above, suicide prevention programming was not comprehensive.**

Finally, the suicide rate in detention facilities during 2006 was calculated to be **38** deaths per 100,000 inmates, a rate approximately three times greater than that of the general population. This rate, however, represents a dramatic decrease in the rate of suicide in detention facilities during the past 20 years. The almost three-fold decrease from a previously reported **107** suicides in 1986 is extraordinary. Absent in-depth scientific inquiry, there may be several explanations for the reduced suicide rate. During the past several years, prior national studies of jail suicide have given a face to this long-standing and often ignored public health issue within our nation's jails. Findings from the studies have been widely distributed throughout the country and eventually incorporated into suicide prevention training curricula. The increased awareness to inmate suicide is also reflected in national correctional standards

that now require comprehensive suicide prevention programming, better training of jail staff, and more in-depth inquiry of suicide risk factors during the intake process. Finally, jail suicide litigation has persuaded (or forced) jurisdictions and facility administrators to take corrective actions in reducing the opportunity for future deaths. Therefore, the antiquated mindset that “inmate suicides cannot be prevented” should forever be put to rest.

Comprehensive Suicide Prevention Programming

The literature is replete with numerous examples of how jail and prison systems have developed effective suicide prevention programs. In addition, comprehensive suicide prevention programming has been advocated nationally by such organizations as the American Correctional Association (ACA), American Psychiatric Association (APA), and National Commission on Correctional Health Care (NCCHC), as well as mandated by U.S. Department of Homeland Security’s Immigration and Customs Enforcement (ICE) in its *Operations Manual ICE Performance-Based National Detention Standards*. These groups have promulgated national correctional standards that are adaptable to individual jail, prison and juvenile facilities. The APA, NCCHC, and ICE standards offer recommended ingredients for a comprehensive suicide prevention program: identification, training, assessment, monitoring, housing, referral, communication, intervention, notification, reporting, review, and critical incident debriefing. The U.S. Department of Justice’s Civil Rights Division often utilizes these suicide prevention ingredients when it investigates the conditions of confinement in correctional facilities under the Civil Rights of Institutionalized Persons Act.

As shown in this study, although the vast majority (85%) of survey respondents reported that their facilities maintained a written suicide prevention policy at the time of the suicide, the comprehensiveness of the policies was very questionable. For example, although many respondents reported that their facilities maintained an intake screening process to identify suicide risk of inmates entering the facility, the process for most facilities did not include verification as to whether the arresting/transporting officer(s) believed that the newly arrived inmate was at risk for suicide, nor whether the inmate was at risk for suicide during prior confinement. In addition, although the majority of respondents reported that their facilities provided suicide prevention training to staff, most of the training was two hours or less in duration and not always on an annual basis. Most surveyed facilities had a suicide watch protocol, but few provided constant observation. Further, only a third of respondents reported the availability of protrusion-free housing for suicidal inmates and most did not provide a mortality review following an inmate suicide.

The Changing Face of Jail Suicide

Twenty years later, this national study of jail suicides found substantial changes in the demographic characteristics of inmates who committed suicide during 2005–06. Table 1 shows that some of these changes are stark. For example, suicide victims once characterized as being confined on “minor other”

offenses were most recently confined on “personal and/or violent” charges. Intoxication was previously viewed as a leading precipitant to inmate suicide, yet recent data indicate that it is now found in far fewer cases. Previously, more than half of all jail suicide victims were dead within the first 24 hours of confinement; current data suggest that less than one-quarter of all victims commit suicide during this time period, with an equal number of deaths occurring between 2 and 14 days of confinement. In addition, it appears that inmates who committed suicide were far less likely to be housed in isolation than previously reported, yet for unknown reasons it was less likely that they would be found within 15 minutes of the last observation by staff. Finally, more jail facilities that experienced inmate suicides had both written suicide-prevention policies and an intake screening process to identify suicide risk than in previous years, although as noted above, the comprehensiveness of programming remains questionable.

CHANGING FACE OF JAIL SUICIDE VICTIMS		
Variables	1985-1986	2005-2006
Facility Type	70% Detention	88% Detention
Race	72% White	67% White
Sex	94% Male	93% Male
Age	30	35
Marital Status	52% Single	42% Single
Most Serious Charge	29% Minor	43% Violent/Personal
Jail Status	89% Detained	91% Detained
Intoxication at Death	60%	20%
Time of Suicide	30% between 12:00am and 6:00am	32% between 3:01pm and 9:00pm
Length of Confinement	51% within 1st 24 hours	23% within 1st 24 hours
Method	94% Hanging	93% Hanging
Instrument	48% Bedding	66% Bedding
Time Span (between last observation and finding victim)	42% found within 15 minutes	21% found within 15 minutes
Isolation	67%	38%
Known History of Suicidal	16%	34%

Behavior		
Known History of Mental Illness	19%	38%
Intake Screening for Suicide Risk	30%	77%
Written Suicide Prevention Policy	51%	85%

Conclusion

Findings from this study create a formidable challenge for both correctional and health care officials, as well as their respective staffs. While our knowledge base continues to increase, seemingly corresponding to a dramatic reduction in the rate of inmate suicide in detention facilities, much work lies ahead. The data indicates that inmate suicide is no longer centralized to the first 24 hours of confinement and can occur at any time during an inmate's confinement. As such, because roughly the same number of deaths occurred within the first few hours of custody as in more than several months of confinement, information gathered regarding current suicide risk during intake screening should be viewed as time-limited. Instead, because inmates can be at risk at any point during confinement, the biggest challenge for those who work in the corrections system will be to conceptualize the issue as requiring a continuum of comprehensive suicide prevention services aimed at the collaborative identification, continued assessment, and safe management of inmates at risk for self-harm.

The **National Center on Institutions and Alternatives** (NCIA) is a private, non-profit organization that is headquartered in Baltimore, Maryland, with an office in Mansfield, Massachusetts. The **National Institute of Corrections** (NIC), a division of the U.S. Justice Department, provides training, technical assistance, information services, and policy/program development assistance to federal, state, and local corrections agencies. NCIA entered into a cooperative agreement with the Justice Department to conduct this national study of jail suicide. NCIA has conducted four other national studies of jail, prison, and juvenile suicide for the U.S. Justice Department. **Lindsay M. Hayes** is a nationally-recognized expert in the area of suicide prevention in correctional facilities. He has directed all five national studies, acts as a consultant to correctional facilities, and is a federal court monitor.

The full 68-page **National Study of Jail Suicide: 20 Years Later** can be viewed at:
<http://nicic.gov/Library/024308>

Document available at: http://community.nicic.gov/blogs/national_jail_exchange/archive/2011/03/18/national-study-of-jail-suicide-20-years-later.aspx

The National Jail Exchange is an ongoing electronic journal focusing on providing information to jails practitioners and is sponsored by the National Institute of Corrections (NIC). The contents of the articles, the points of view expressed by the authors, and comments posted in reaction to the articles do not necessarily reflect the official views or policies of the National Institute of Corrections.

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